## Bayer CropScience



Bayer CropScience

P. O. Box 12014 RTP, NC 27709 Tel. 919 549-2000

March 26, 2013

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of February 2013

Dear Sir/Madam:

Reportable incidents accumulated for the month of February 2013 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

Gerret Van Duyn Compliance Manager

5. Hent Van Duyn

State Regulatory and Documentation Services

919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation

Jeanine Broughel, NY Department of Environmental Conservation

/attachment

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## \*Personal privacy information\*

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3 Submission Contact person (if different than reporter) Internal ID Row 1 Reporter Name 1126133 date. Administrative 3/26/2013 Data Address Address Phone # Phone # Location and date of incident Was incident part of larger study? Incident Status: Date registrant Charlotte. NC became aware of New incident. 02/25/2013 02/27/2013 Row 2 EPA Registration # (Product 1) EPA Registration # (Product 2) EPA Registration # (Product 3) 72155-80 Pesticide(s) Involved A.I. (s) A.I. (s) A.I. (s) Beta-Cyfluthrin, sodium ophenylphenate Product 3 Name Product 1 name Product 2 Name Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal) Exposed to concentrate prior to Exposed to concentrate prior to Exposed to concentrate prior to dilution? No dilution? dilution? Formulation **Formulation** Formulation Row 3 Incident site: (examples include home, Situation (act of using product): (examples Evidence label include mixing/loading, reentry, application, directions were not yard, school, industrial, Incident followed? No nursery/greenhouse, surface water, transportation, repair/ maintenance of Circumstances Intentional misuse? commercial turf, building/office, forest/ application equipment, manufacturing/ woods, agricultural (specify crop) right-offormulating). way (rail, utility, highway)). See Incident Description Notes Applicator certified? Own Residence UNK How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) 0000 See Incident **Description Notes** 0 0 00 0 6 0 0 0 00000

## \*Personal privacy information\*

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Wilson, Lauren Feb 27 2013 4:01PM

Hx Caller states that she sprayed baseboards and cracks in home 2 days ago. Her kids where playing on the sofa while caller was spraying, so she does not know of any direct exposure. Caller noticed a red mark on child's face, but didn't think much of it at first. That night caller noticed that it started to spread on her face and down to her shoulder/arm. Caller could then tell that it was hives. She called nurse and was instructed to give Benadryl. The Benadryl worked but then the hives came back by morning and it was worse (legs, face, back & stomach). She took to pediatrician. Dx with allergies and recommend continue with Benadryl and Zyrtec. Caller has appointment with Allergist March 7th.

Yeager, Greg Mar 7 2013 1:54PM

Attempted CB. Left a message requesting follow up. Reset.

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Marshall, Josephine Mar 7 2013 2:05PM

CB from Section 25. She took her daughter to the allergist today but has not received any results yet. Initially the MD believes that the hives were due to the virus that the child had at that time. The child is now asx and they are waiting for results from blood tests that were done today. No further treatment was done other than the exam and testing. Symptoms cleared up on approximately 03/05/2013.

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Age: 5 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational?  Not indicated  If yes, days lost due to illness:  NA	Time between exposure and onset of symptoms:  30 min or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released	List signs/symptoms/adverse eff Dermatological-Hives/Welts	ects	If lab tests were performed, list test names and results (I available, submit reports)  None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			¥
Human severity category: HC		,	